

## REPORT OF THE COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS

CEJA Report 2-I-07

Subject: Modification of Ethics Policy to Ensure Inclusion for Transgender Physicians, Medical Students, and Patients

Presented by: Mark A. Levine, MD, Chair

Referred to: Reference Committee on Amendments to Constitution and Bylaws  
(Jane C.K. Fitch, MD, Chair)

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*The following recommendations were adopted as AMA Ethics Policy at the 2007 Interim Meeting of the AMA House of Delegates. The full report may be available online at <http://www.ama-assn.org/go/cejareports> or upon request by calling (312) 464-4823.*

### RECOMMENDATIONS

The Council on Ethical and Judicial Affairs recommends:

(1) That Opinion E-9.03, "Civil Rights and Professional Responsibility," be amended as follows.

#### E-9.03 Civil Rights and Professional Responsibility

Opportunities in medical society activities or membership, medical education and training, employment, and all other aspects of professional endeavors should not be denied to any duly licensed physician because of race, color, religion, creed, ethnic affiliation, national origin, sex, sexual orientation, gender identity, age, or handicap. (IV)

Issued prior to April 1977; Updated June 1994.

(Modify HOD/CEJA Policy)

(2) That Opinion E-10.05, "Potential Patients," be amended as follows.

#### E-10.05 Potential Patients

(1) Physicians must keep their professional obligations to provide care to patients in accord with their prerogative to choose whether to enter into a patient-physician relationship. (2) The following instances identify the limits on physicians' prerogative: (a) Physicians should respond to the best of their ability in cases of medical emergency (Opinion 8.11, "Neglect of Patient"). (b) Physicians cannot refuse to care for patients based on race, gender, sexual orientation, gender identity, or any other criteria that would constitute invidious discrimination (Opinion 9.12, "Patient-Physician Relationship: Respect for Law and Human Rights"), nor can they discriminate against patients with infectious diseases (Opinion 2.23, "HIV Testing"). . . . Greater medical necessity of a service engenders a stronger obligation to treat. (I, VI, VIII, IX)

Issued December 2000 based on the report "Potential Patients, Ethical Considerations," adopted June 2000. Updated December 2003. \* Considerations in determining an adequate level of health care are outlined in Opinion 2.095, "The Provision of Adequate Health Care."

(Modify HOD/CEJA Policy)

- (3) That Opinion E-9.12, "Patient-Physician Relationship: Respect for Law and Human Rights," be amended as follows.

E-9.12 Patient-Physician Relationship: Respect for Law and Human Rights

The creation of the patient-physician relationship is contractual in nature. Generally, both the physician and the patient are free to enter into or decline the relationship. A physician may decline to undertake the care of a patient whose medical condition is not within the physician's current competence. However, physicians who offer their services to the public may not decline to accept patients because of race, color, religion, national origin, sexual orientation, gender identity, or any other basis that would constitute invidious discrimination. Furthermore, physicians who are obligated under pre-existing contractual arrangements may not decline to accept patients as provided by those arrangements. (I, III, V, VI)

Issued July 1986; Updated June 1994.

(Modify HOD/CEJA Policy)

- (4) That the remainder of the report be filed.